

The Health Care Divide

I. A Global Approach to Improving Health Care

- 1 The health of a nation is dependent upon the health of its people. In turn, the health of the people is largely dependent upon the quality of the health care that they receive. When people have access to skilled health-care workers and essential medicines, they significantly increase their chances of living long, productive lives and of being contributing members of society.
- 2 It is therefore not surprising that the governments of both developed and developing nations have agreed to make health care a top priority in the twenty-first century. This agreement is reflected in the Millennium Development Goals (MDGs) set by the 193 members of the United Nations. The MDGs represent a shared commitment to saving millions of lives by combating disease and making health care accessible and affordable. As developed and developing nations work toward these goals, there are both differences and similarities evident in the challenges they face and in their strategies for dealing with them.

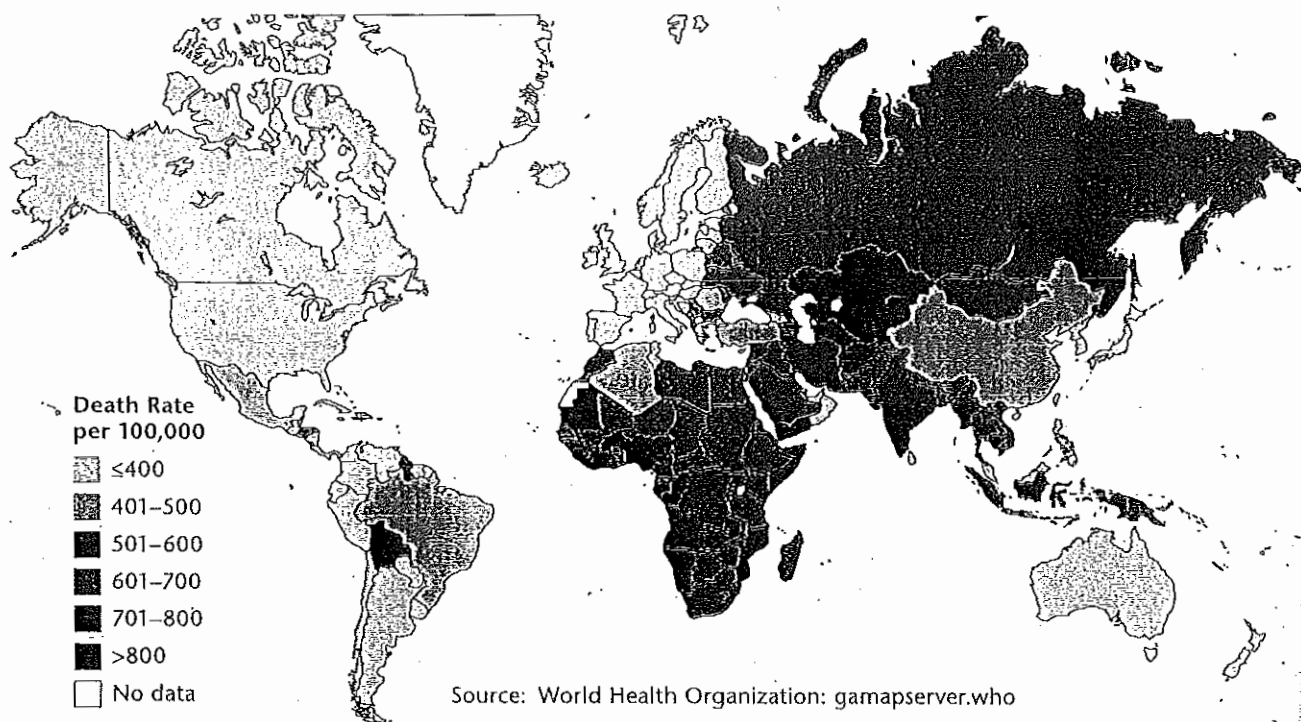
II. Combating Disease

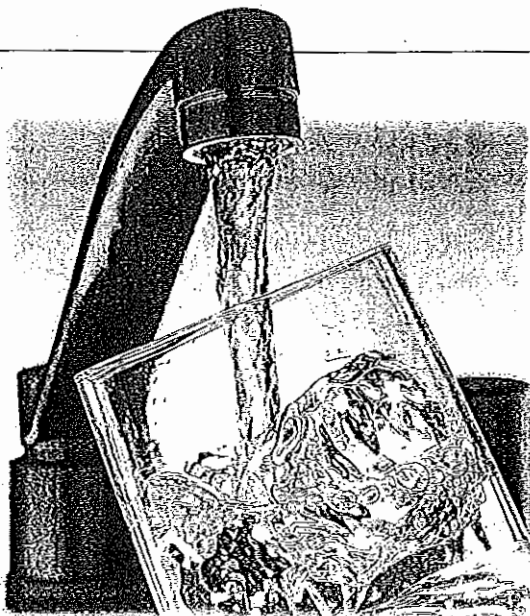
- 3 In the past, infectious diseases, such as cholera, typhoid, and malaria, have been the greatest threat to human **health**. In the developed world, these diseases are largely under control, but they continue to plague

WHILE YOU READ 1

Look back at this sentence and highlight the words that can help you figure out the meaning of *threat*.

Figure 1.6 NCD Mortality Rates





developing countries. One reason for this discrepancy is the fact that access to clean water and sanitation is almost universal in the developed world, whereas in the developing world, contaminated water and unsanitary living conditions remain a problem in many regions. Almost 800 million people in the developing world use unsafe sources of water, and about 2.5 billion people lack adequate sanitation. Consequently, over one million people die each year from diarrheal diseases, with most of those deaths

occurring among children in Sub-Saharan Africa. Improving access to clean water and sanitation is one of the MDGs, and countries are indeed making progress in this regard. However, considerably more work is needed to improve conditions for people in the poorest areas of the world.

4 In addition to infectious diseases, a new global health threat has emerged in the past century: noncommunicable diseases (NCDs), such as heart disease, cancer, and diabetes. In the developed world, NCDs have in fact become the leading cause of illness and death, even though these illnesses are largely preventable. In North America and Western Europe, for example, NCDs cause 85 percent of all deaths. In the developing world, where infectious diseases are still a major killer, NCDs are on the rise, as well.

5 The increase in NCDs in the developing world causes particular hardship. In these regions, NCDs tend to kill people during their most productive years. In parts of Africa and Asia, for example, almost 30 percent of NCD deaths occur in people under the age of 60. This loss of working-age people greatly hinders economic growth. By contrast, in the developed world, NCDs primarily claim the lives of the elderly. In North America and Western Europe, for example, only about 13 percent of NCD deaths occur in people under 60.

6 Between 2010 and 2020, the number of deaths from NCDs is expected to rise approximately 15 percent worldwide, with increases of over 20 percent in parts of Africa and Asia. Since the health-care systems in most developing countries were originally designed to handle infectious diseases, they are unprepared for the increase in NCDs. For instance, in Uganda, a country of 34 million people, there is only one cancer clinic. The rise in NCDs will put greater pressure on health-care systems in developed countries, as well. Clearly, all nations will need to increase their capacity to serve NCD patients and to ensure that they will be able to obtain the health care they need.

WHILE YOU READ 2

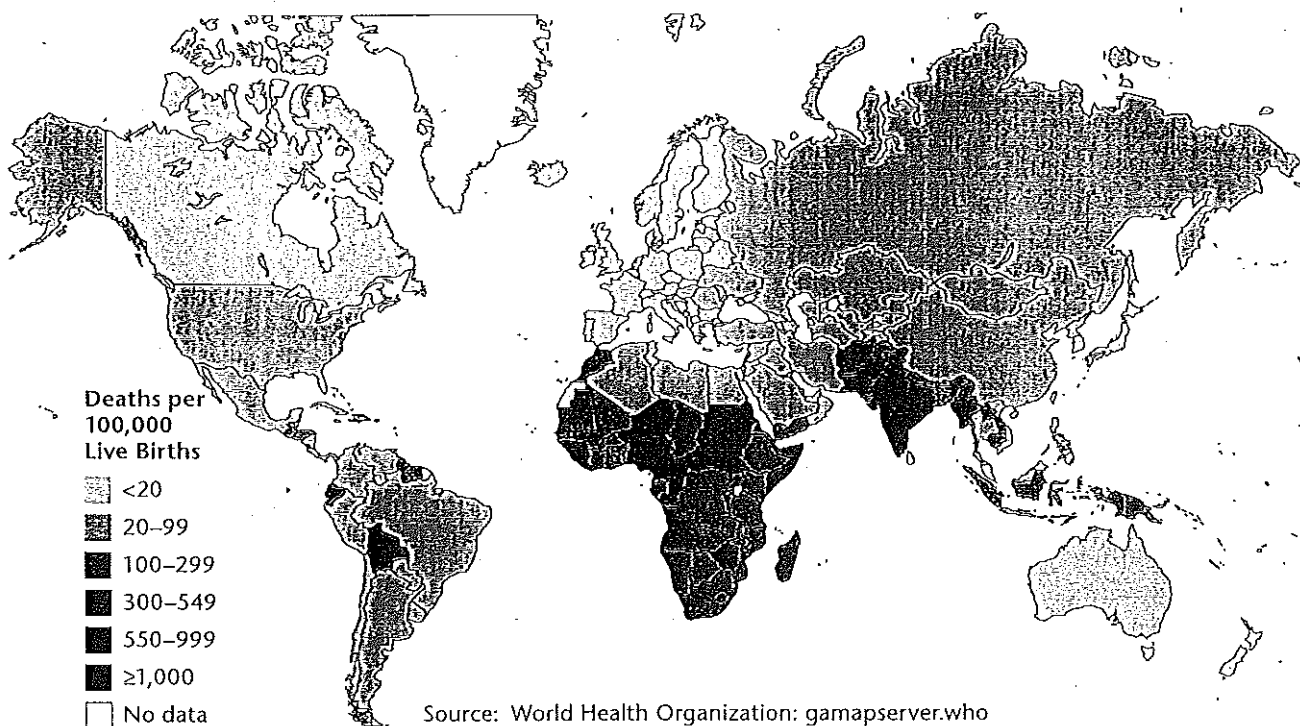
Look back at this sentence and the one before it. Find a cause-and-effect relationship. Highlight the cause-and-effect marker. Does it introduce a cause or an effect?

- a) Cause
- b) Effect

WHILE YOU READ 3

Look back over paragraph 4, and highlight the sentences that express the main idea.

Figure 1.7 Maternal Mortality Rates



III. Access to Health Care

7 In the fight against disease, access to skilled health-care workers and essential medicines is critical. However, there are striking inequalities in the numbers of health-care workers and supplies of important medicines around the world. The World Health Organization (WHO) has identified more than 50 developing countries with significant shortages of health-care workers. This severely limits the ability of these nations to ensure basic life-saving services at critical times. In most Sub-Saharan African countries, for example, there are fewer than 2.3 health-care workers per 1,000 people as compared with 18.9 health-care workers per 1,000 people in Europe.

8 Maternal mortality rates clearly demonstrate the consequences of such shortages. Almost 300,000 women die each year – about 1,000 a day—from causes related to pregnancy and childbirth, and 99 percent of those deaths occur in the poorest, most remote areas of the developing world. If appropriate care had been available, most of those deaths could have been prevented. Improving maternal health is therefore one of the MDGs, and progress has been made in many areas, including North Africa and Southeastern Asia. However, for Sub-Saharan women, the risk of death before, during, or shortly after childbirth is 1 in 22 compared with 1 in 7,300 in developed regions, where a skilled health-care worker is present at almost every birth.

WHILE YOU READ 4

Look back at this sentence. Is the meaning of *striking* important for your understanding of this sentence?

- a) Yes
- b) No

WHILE YOU READ 5

Scan ahead and highlight the details that support the main idea expressed in this sentence.

9 In recent decades, the shortage of health-care workers in developing countries has worsened because thousands of doctors and nurses, attracted by greater employment opportunities and higher salaries, leave their countries every year to work in North America and Europe. Today, for example, there are more Ethiopian doctors in Chicago, Illinois, than there are in Ethiopia, the second largest country in Sub-Saharan Africa. This "brain drain" is damaging to nations that are already struggling to meet their people's health-care needs. Emigration results in understaffing of health-care facilities and reduces the number of medical school professors to train doctors for the future in the developing world.

10 The lack of essential medicines is another problem that affects both developing and developed regions. In the developing world, drugs are often unavailable because of inefficient supply and distribution systems, especially in remote locations where roads and transportation are poor. NCD drugs, in particular, are in low supply. For instance, several developing countries have no or extremely limited stocks of insulin, a drug that many diabetics need to survive. The developed world is experiencing drug shortages, too. For example, in North America and Europe, there are insufficient supplies of many life-saving cancer drugs, and this is having a profound effect on patient care. In addition, drug companies frequently decide to stop or limit the production of less profitable drugs, which reduces supplies all over the world. Recognizing the seriousness of all these problems, the United Nations has included improving access to medicines in one of the MDGs.

IV. The Cost of Health Care

11 In addition to shortages of health-care workers and medicines, there is the problem of rapidly rising health-care costs. One reason for the increase is that the health-care industry has invested heavily in developing new equipment and medicines. The increase in NCDs has had an effect on cost, as well. NCDs tend to be serious chronic conditions, meaning that patients will have the conditions for a long period of time, thus requiring higher expenditures for their care. Another major reason for the increased costs of health care is the aging of the global population. Since older people usually have more serious medical problems than younger people, they place a greater strain on health-care budgets in both developed and developing countries.

12 Rising health-care costs are creating serious consequences for the governments of developed countries. They are spending increasing amounts of money on health care and are concerned about how they will manage to cover costs in the future. Britain, France, and Germany, for example, all have extensive public health-care systems; however, costs are rising faster than these programs can be funded. In the United States, public and private spending on health care almost doubled during the first decade of the twenty-first century. Therefore, there is ongoing debate in developed

WHILE YOU READ 6

Look back at this sentence and find a cause-and-effect relationship. Highlight the cause-and-effect marker. Then highlight the effects.

WHILE YOU READ 7

Look back at this sentence and find a cause-and-effect relationship. Highlight the cause.

countries about how to cut costs and increase the efficiency of health-care systems without having to sacrifice quality and accessibility.

- 13 The immediate concerns of the governments of developing nations are somewhat different because they have significantly less money to spend on health care. Whereas annual health spending in Europe averages between \$3,000 and \$4,000 per person, many developing countries spend less than \$30 per person each year. With such limited spending, developing countries are **struggling** to find ways to cover the costs of fighting infectious diseases and to provide medical help for the increasing number of people with NCDs, as well.

- 14 The high costs of health care can also have a devastating effect on individuals for whom even the cost of the medicines they need can be

overwhelming. In developing countries, buying basic medicines can be a hardship for all but a handful of wealthy people. Since governments cannot often cover the costs of drugs, most people must pay for them out of pocket, that is, with their own money. Government stocks of drugs are often inadequate, so people must buy drugs from private pharmacies where the prices are usually higher. The most common drug treatment can cost a low-paid worker several days' wages. For instance, a family living on \$1.00 a day in a developing country would need to spend about one-third to one-half of their monthly income at a private pharmacy to buy one small vial of insulin for a family member with diabetes. For diabetics, a continuous supply of insulin is critical, yet it is unaffordable for many.



Affordable drugs are an important part of effective health care.

- 15 Highly priced medicines are also a problem in developed nations lacking universal health care, and they especially affect poor people.

For example, a person with limited or no health insurance in the United States must pay for their drugs out of pocket. Some cancer drugs cost about \$2,000 a month, which is more than many people's overall monthly budget. To address the prohibitive expense of some drugs, one MDG aims to make generic drugs more widely available. A generic drug is a copy of a brand-name drug that can be sold after the patent on the brand-name drug expires. Generic drugs are generally much less expensive because drug manufacturers don't have to pay for developing the drugs.

WHILE YOU READ 8

Look back over paragraph 13. Highlight the words and phrases that can help you figure out the meaning of *struggling*.

